UNITED STATES DISTRICT COURT

	DISTRICT OF			
		APPEARANCE		
	Ca	se Number:		
To the Clerk of this court and all parties of record	rd:			
Enter my appearance as counsel in this c	ease for			
I certify that I am admitted to practice in	n this court.			
Date	/s/ Signature	Gregory T. Murphy		
	Signature			
	Print Name		Bar Number	
	Address			
	City	State	Zip Code	
	Phone Number		Fax Number	